MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/689,279

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—							51						
2	—							52						
3	—							53						
4	—							54						
5	—							55						
6	—							56						
7	/							57						
8		/						58						
9	/							59						
10	—							60						
11	—							61						
12	—							62						
13	—							63						
14	—							64						
15	—							65						
16	—							66						
17	/							67						
18		/						68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77	/					
28								78		/				
29								79		/				
30								80	/					
31								81		/				
32								82		/				
33								83	/					
34								84		/				
35								85		/				
36								86	/					
37								87		/				
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.	7					
TOTAL DEP.								TOTAL DEP.	10					
TOTAL CLAIMS		8						TOTAL CLAIMS	17					

PTC-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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